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CONFIRMATION NO. 4836

<b>SERIAL NUMBER</b> 09/621,092	<b>FILING OR 371(c) DATE</b> 07/21/2000 <b>RULE</b>	<b>CLASS</b> 128	<b>GROUP ART UNIT</b> 3771	<b>ATTORNEY DOCKET NO.</b>	
<b>APPLICANTS</b> Solomon S. Steiner, Mount Kisco, NY; Robert Feldstein, Yonkers, NY; Per B. Fog, Bedford Hills, NY; Trent Poole, South Amherst, MA;					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/145,464 07/23/1999 and claims benefit of 60/206,123 05/22/2000					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 09/11/2000</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 15	<b>TOTAL CLAIMS</b> 40	<b>INDEPENDENT CLAIMS</b> 6
<b>ADDRESS</b> 45200					
<b>TITLE</b> UNIT DOSE CAPSULES FOR USE IN A DRY POWDER INHALER					
<b>FILING FEE RECEIVED</b> 707	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		